

**MPR 1800.1
REVISION A**

**EFFECTIVE DATE: October 28, 2004
EXPIRATION DATE: October 28, 2009**

MARSHALL PROCEDURAL REQUIREMENTS

AD01

BLOODBORNE PATHOGENS

**CHECK THE MASTER LIST at
<https://repository.msfc.nasa.gov/directives/directives.htm>
VERIFY THAT THIS IS THE CORRECT VERSION BEFORE USE**

| Marshall Procedural Requirements AD01 | | |
|--|------------------------|-------------|
| Bloodborne Pathogens | MPR 1800.1 | Revision: A |
| | Date: October 28, 2004 | Page 2 of 8 |

DOCUMENT HISTORY LOG

| Status (Baseline/ Revision/ Canceled) | Document Revision | Effective Date | Description |
|--|----------------------|-------------------|--|
| Baseline | | 9/20/99 | |
| Revision | A | 10/28/2004 | Changed Font to Times New roman; replaced MPG with MPR; replaced “will” and “must” with “shall” as needed; replaced “8800.3, Environmental Management” with MPR 1810.1, “MSFC Occupational Medicine” replaced MPG 8870. with MWI 8550.1, “Waste Management”; incorporated applicable portions of Appendix B into appropriate responsibilities sections; deleted Appendices A&B |
| | | | |
| | | | |

**CHECK THE MASTER LIST at <https://repository.msfc.nasa.gov/directives/directives.htm>
VERIFY THAT THIS IS THE CORRECT VERSION BEFORE USE**

| Marshall Procedural Requirements AD01 | | |
|--|------------------------|-------------|
| Bloodborne Pathogens | MPR 1800.1 | Revision: A |
| | Date: October 28, 2004 | Page 3 of 8 |

TABLE OF CONTENTS

Preface

- P.1 Purpose
- P.2 Applicability
- P.3 Authority
- P.4 Applicable Documents
- P.5 References
- P.6 Cancellation

Document Content

- 1. Definitions
- 2. Responsibilities
- 3. Procedure
- 4. Records
- 5. Flow Diagram

| Marshall Procedural Requirements AD01 | | |
|--|------------------------|-------------|
| Bloodborne Pathogens | MPR 1800.1 | Revision: A |
| | Date: October 28, 2004 | Page 4 of 8 |

PREFACE

P.1 PURPOSE

This MPR establishes minimum requirements to limit occupational exposure to blood and other potentially infectious materials that could result in transmission of bloodborne pathogens that could lead to disease or death.

The purpose of this program is to eliminate or minimize employee exposure to bloodborne pathogens from blood and other potentially infectious materials (OPIM) through a combination of engineering and work practice controls, personal protective clothing and equipment, medical surveillance, hepatitis B vaccination, signs, labels, and training. The two most significant bloodborne pathogens are hepatitis B Virus (HBV) which causes hepatitis B, a serious liver disease, and human immunodeficiency virus (HIV), which causes acquired immunodeficiency syndrome (AIDS).

P.2 APPLICABILITY

This program is applicable to all MSFC civil service employees and contractors.

P.3 AUTHORITY

Occupational Safety and Health Administration (OSHA) Standard 29 Code of Federal Regulation 1910.1030, "Occupational Exposure to Bloodborne Pathogens"

P.4 APPLICABLE DOCUMENTS

- a. MWI 8550.1, "Waste Management"
- b. MWI 8715.4, "Personal Protective Equipment (PPE)"

P.5 REFERENCES

- a. MPR 1810.1, "MSFC Occupational Medicine"
- b. MPR 1840.2, "MSFC Hazard Communication Program"

| Marshall Procedural Requirements AD01 | | |
|--|------------------------|-------------|
| Bloodborne Pathogens | MPR 1800.1 | Revision: A |
| | Date: October 28, 2004 | Page 5 of 8 |

P.6 CANCELLATION

MPG 1800.1 dated September 20, 1999

Original signed by
Robin N. Henderson for

David A. King
Director

| Marshall Procedural Requirements AD01 | | |
|--|------------------------|-------------|
| Bloodborne Pathogens | MPR 1800.1 | Revision: A |
| | Date: October 28, 2004 | Page 6 of 8 |

DOCUMENT CONTENT

1. DEFINITIONS

None

2. RESPONSIBILITIES

2.1 Occupational Medicine and Environmental Health Services (OMEHS) shall:

2.1.1 Maintain file copies of contractor bloodborne pathogen exposure control plans.

2.1.2 Advise and assist, on request, organizations in the development of their bloodborne pathogens exposure control plans.

2.1.3 Review and approve all bloodborne pathogen exposure control plans for compliance with 29 CFR 1910.1030, recommend appropriate changes,. These plans shall be reviewed prior to commencement of work and at least annually thereafter. Plans may be reviewed more often if necessary to accommodate workplace changes.

2.1.4 Provide required bloodborne pathogen training.

2.1.5 Provide and administer Hepatitis B vaccine (Recombinant).

2.1.6 Provide post exposure evaluation and follow-up services to the employee.

2.2 Directors/Managers/Team Leads shall:

2.2.1 Ensure that infection control procedures are developed to cover all job categories in their operations where exposure to blood and OPIM is reasonably anticipated. Managers shall ensure the procedures are submitted to OMEHS per paragraph 2.1.3 and updated at least annually. Plans may be updated more often if necessary to accommodate workplace changes.

2.2.2 Ensure that all biohazardous waste is disposed of in accordance with MWI 8550.1.

2.3 Environmental Engineering Department shall:

2.3.1 Provide biohazardous waste collection and disposal services for all Center operations involving bloodborne pathogens or OPIM.

2.4 Contracting Officer Technical Representatives (COTR) shall ensure that contractors have a bloodborne pathogen program and that it is submitted for review and concurrence to OMEHS as indicated above.

2.5 Supervisors shall:

**CHECK THE MASTER LIST at <https://repository.msfc.nasa.gov/directives/directives.htm>
VERIFY THAT THIS IS THE CORRECT VERSION BEFORE USE**

| Marshall Procedural Requirements AD01 | | |
|--|------------------------|-------------|
| Bloodborne Pathogens | MPR 1800.1 | Revision: A |
| | Date: October 28, 2004 | Page 7 of 8 |

2.5.1 Implement all aspects of any bloodborne pathogen program covering their operations, including the development of an exposure control plan. The plan shall be updated/reviewed annually. A copy of the plan shall be submitted to OMEHS.

2.5.2 Ensure all containers with blood or OPIM, contaminated waste, and clothing are labeled as a biohazard. Standard biohazard labels are acceptable; however, red bags or red containers may be used instead of labels.

2.5.3 Ensure employees receive bloodborne pathogen training upon initial assignment to a job involving exposure to bloodborne pathogens and/or OPIM, and annually thereafter.

2.5.4 Ensure appropriate engineering and work practice controls are in place to minimize potential exposure.

2.5.5 Ensure appropriate Personal Protective Equipment is provided and employees are appropriately trained in its use in accordance with MWI 8715.4.

2.5.6 Ensure all biohazardous waste is disposed of in accordance with MWI 8550.1.

2.6 Employees shall

2.6.1 Comply with the requirements of any bloodborne pathogen program covering their operations.

2.6.2 Immediately report the incident to their supervisor and OMEHS when involved in an incident exposing them to blood or OPIM.

2.6.3 Ensure appropriate Personal Protective Equipment is worn in accordance with MWI 8715.4.

2.6.4 Ensure all containers with blood or OPIM, contaminated waste, and clothing are labeled as a biohazard. Standard biohazard labels are acceptable; however, red bags or red containers may be used instead of labels.

2.6.5 Receive bloodborne pathogen training upon initial assignment to a job involving exposure to bloodborne pathogens and/or OPIM, and annually thereafter.

2.6.6 Ensure all bio-hazardous waste is disposed of in accordance with MWI 8550.1

3. PROCEDURE

3.1 Any organization, civil servant or contractor, with employees who could be reasonably anticipated to face contact with blood and other potentially infectious materials as the result of performing their job duties, shall comply with the OSHA requirements.

**CHECK THE MASTER LIST at <https://repository.msfc.nasa.gov/directives/directives.htm>
VERIFY THAT THIS IS THE CORRECT VERSION BEFORE USE**

| Marshall Procedural Requirements AD01 | | |
|--|------------------------|-------------|
| Bloodborne Pathogens | MPR 1800.1 | Revision: A |
| | Date: October 28, 2004 | Page 8 of 8 |

3.2 Job categories where occupational exposures to blood and OPIM is reasonably anticipated are medical services personnel, security personnel, and custodial personnel whose tasks include the medical center and cleaning up blood or OPIM after an occupational accident, similar operations, or as found on-site. “Good Samaritan” acts, such as assisting a coworker with a nosebleed, would not be considered occupational exposure and do not require establishment of a program.

3.3 Civil servant organizations shall follow the requirements of MSFC Bloodborne Pathogen Program maintained by OMEHS. The organization shall prepare an exposure control plan for their operations involving potential exposure to bloodborne pathogens. The exposure control plan shall be submitted to OMEHS for review, comment, and concurrence, and shall be included as part of the MSFC program. This plan shall be updated at least annually and submitted to OMEHS as indicated above. Plans may be updated more often if necessary to accommodate workplace changes.

3.4 Contractors shall establish and implement a bloodborne pathogen program meeting the requirements of the regulation. A copy of the on-site contractor's program shall be submitted to OMEHS for review, comment, and concurrence within 10 days following contract award or prior to the commencement of task involving potential exposure to bloodborne pathogens. Off-site contractors shall submit a copy of their program to OMEHS for review, comment, and concurrence prior to commencement of tasks involving potential exposure to bloodborne pathogens on Center. All contractors shall update their plans at least annually and submit to OMEHS as indicated above. Plans may be updated more often if necessary to accommodate workplace changes.

4. RECORDS

The following records shall be maintained and dispositioned in accordance with NPR 1441.1 and 29 CFR 1910.1020, then destroyed when no longer needed or maintained for reference purposes.

MSFC Form 4375, “Information about Hepatitis B Vaccine”
MSFC Form 4052, “Patient Service Report”
MSFC Form 2738, “Medical Records of Injury and Treatment”
MSFC Form 2805, “MSFC Work History Questionnaire”

5. FLOW DIAGRAM

None